i			THESE DIFSTIONS	ANSWER FACH OF	DREI ININARY INFORMATION - ANSWER FACH OF THESE OHIESTIONS	DDE! IMI
	more than 30 days late.	ation Date:	☐ Termination	☐ Amendment ☐	Annual (May 15)	Report Type
	be assessed against anyone who files		Employee	ves District: 06	House of Representatives	Status
HATIVES	A \$200 penalty shall	Employing Office:	☐ Officer Or	State: TX	Member of the U.S.	Filer
ERK /	(Official Msg:Only) CI FRK	(Daytime Telephone)		(Full Name)	(Full	
ა: 36	2012 MAY 15 PH 5: 36	202-225-2002		Joe Linus Barton	Joe Lin	
E CENTER	LEGISLATIVE RESOURCE CENTER					
		For use by Members, officers, and employees		SCLOSURE STATEMENT	CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT	CALEND/
; ;		Page 1 of 6	IVES FORM A	F REPRESENTAT	UNITED STATES HOUSE OF REPRESENTATIVES	HINU
RED	HAND DELIVERED		:			

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EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER	If yes, complete and attach Schedule V.	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	If yes, complete and attach Schedule IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	If yes, complete and attach Schedule III.	Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?	If yes, complete and attach Schedule II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	If yes, complete and attach Schedule I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?
ITSU		Yes No	j	Yes No		Yes V No		Yes U No 🗸		Yes 🛭 No 🗆
NFO		No No		<u>N</u>		N N		U !		<u>~</u>
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N - ANSWER EACH OF THESE QUESTIONS	schedule attached for each "Yes" response.	Each question in this part must be answered and the appropriate	If yes, complete and attach Schedule IX.	Did you have any reportable agreement or arrangement with an outside entity?	If yes, complete and attach Schedule VIII.	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	If yes, complete and attach Schedule VII.	se, or a dependent child receive any reportable travel or travel in the reporting period (worth more than \$350	If yes, complete and attach Schedule VI.	our spouse, or a dependent child receive any reportable gift in ing period (i.e., aggregating more than \$350 and not otherwise
		appr		Yes		Yes No V		Yes V No		Yes U No K
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Trusts-

Exemptions— Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

Yes

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SCHEDULE I - EARNED INCOME

Name Joe Linus Barton

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
JPS Health Network	Spouse Salary	N/A
Ennis Regional Medical Center	Spouse Salary	N/A

SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Joe Linus Barton	Barton		Page 3 of 6
	BLOCKA	вгоск в	BLOCK C	BLOCK D	BLOCK E
ASSet and complete neportable asset or "unearmed" income Provide complete neporting threshold only the name of the reporting period. For rental or other in state the name of the location in Block A. Exclude: Your pera (unless there was no \$5,000 or less in a pin, or income derive Savings Plan. If you so choose, you sale in the location in Block A.	Asset and/or income Source Identity (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearmed" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e.,plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your source (SP) or dependent child (DC), or is jointly held with your spouse (JT). In the	Year-End Value of Asset At close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or iRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Amount of income For retirement accounts that do not allow you to choose specific investments or that generate tax- deferred income (such as 401(k) plans or iRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Exclude: Your (unless there w \$5,000 or less I in, or income d Savings Plan.	personal residence, including second homes and vacation homes ras rental income during the reporting period); any deposits totaling in a personal checking or saving accounts; and any financial interest erived from, a federal retirement program, including the Thrift				
If you so choos spouse (SP) or optional colum	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.			•	
	Ennis Business Forms	\$15,001 - \$50,000	DIVIDENDS	\$15,001 - \$50,000	S(part)
	EOG Resources Houseton, TX - Natural Gas Royalty	\$50,001 - \$100,000	Other: Royalty	\$5,001 - \$15,000	
	Rental Property	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
	SBC Corp	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	Walmart	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	

SCHEDULE IV - TRANSACTIONS

Name Joe Linus Barton

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transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. *Include transactions that resulted in a loss.* Provide a brief description of any exchange

	SP, DC, JT
Ennis Business Forms	Asset
S	Type of Transaction
Yes	Capital Gain in Excess of \$200?
Aug 2011	Date
\$15,001 - \$50,000	Amount of Transaction

SCHEDULE V - LIABILITIES

Name Joe Linus Barton

Page 5 of 6

furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. NOTE: Pending legislation may require Members to report mortgates on Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household personal residences.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JL	Chase Master Card	Dec 2011	Revolving Credit	\$15,001 - \$50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, Name Joe Linus Barton Page 6 of 6

	your spo amount of sponsor the Fore spouse of
Source	ise, or a dependent child time, if any, that was not exclude: Travel-related e in Gifts and Decorations or dependent child that is the second control of t
Date(s)	during the reporting the sponsor's at the sponsor's axpenses provided Act (5 U.S.C § 7342 otally independent
Point of Departur Destination-Point of I	your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.
	amily member and regardless of regardless or by vernments, or by ed to be reported.
lging?	whether y a foreig
Food? (Y/N)	lied the trace the expension of the trace trace trace the trace tr
Was a Family Member Included? (Y/N)	aveler at the sponsor's exp ises were reimbursed or pa nent required to be separat I Election Campaign Act; to
Days not at sponsor's expense	ense, and the ense, and the directly by the ely reported under avel provided to
	Point of Departure— Lodging? Food? Member Included? Date(s) DestinationPoint of Return (Y/N) (Y/N) (Y/N)